

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AT</i>	<i>22192</i>	<i>12/30/99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>1-3-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AT</i>	<i>59227</i>	<i>1/13/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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